

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004470

FILED  
Feb 28, 2009  
Secretary of State

Entity Name: THE SUNRISE FOUNDATION, INC.

## Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

4420 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780

## Current Mailing Address:

P. O. BOX 3475  
WEST PALM BEACH, FL 33402

## New Mailing Address:

4420 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780

FEI Number: 77-0600158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

ANGELA A. ABBOTT, P.A.  
4420 S. WASHINGTON AVENUE  
TITUSVILLE, FL 32780 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANGELA A. ABBOTT

02/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: MARANDA, MARTA  
Address: 505 SOUTH FLAGLER DRIVE SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DV ( ) Delete  
Name: KENNEDY, KERRY  
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: MCCracken, JOHN B  
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA MARANDA

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date